

**SUMMARY FORM**

**COLLECTIVE BARGAINING AGREEMENT  
PUBLIC SECTOR / NON-POLICE & NON-FIRE**

**Section I: Agreement Details**

Public Employer: Pine Hill Borough Municipal Utilities Authority County: Camden  
 Employee Organization: AFSCME Council 71 Local 3303E Employees in Unit: 7  
 Base Year Contract Term: 8/1/10 - 7/31/13 New Contract Term: 8/1/13 - 7/31/17  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

Section II: Economic	Column A	Column B
	Base Year - Total Costs (Last Year of Previous agreement)	New Base Year - Total Costs (First Year of Successor agreement)
Item 1 ..... <u>Salary</u>	305,671.60	310,256.44
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>	11,300.00	11,300.00
Item 4 ..... <u>Boot Allowance</u>	520.00	600.00
Item 5 ..... <u>Sicktime Buyback</u>	4,702.64	8,352.24
Item 6 ..... _____		
Item 7 ..... _____		
Item 8 ..... _____		
Item 9 ..... _____		
Item 10 ..... _____		
Item 11 ..... _____		
Item 12 ..... _____		
Any additional items list on separate sheet Additional Items		
<b>Section III: Totals</b> - Sum of costs in each column	<u>322,194.24</u> (Total)	<u>330,508.68</u> (Total)

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) 305,671.60  
 Effective Date (m/d/yyyy) 8/1/13 8/1/14 8/1/15 8/1/16  
 Percent Increase 1.5 1.5 1.5 2.0  
 Total cost of increase See Attached Sheet  
 Total base salary (successor agreement) \_\_\_\_\_

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement) \_\_\_\_\_  
 Dollar Impact (average per year over term of agreement) 4,689.27

**Section VI**

**Health Insurance (Indicate costs associated on each line)**

	Base Year	Year 1	Year 2	Year 3	Year 4
Cost of Health Plan	See Attached Sheet				
Employee Contributions	_____	_____	_____	_____	_____
Prescription	_____	_____	_____	_____	_____
Dental	_____	_____	_____	_____	_____
Vision	_____	_____	_____	_____	_____

*The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.*

**Section VII**

